

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022155
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5789

FILED JUN 7 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin-Desloge</u>		d. STREET ADDRESS <u>3323 Iowa</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charlotte A. Rockwell</u>		4. DATE OF DEATH Month Day Year <u>May 31, 63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-13-86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired Famous Barr</u>	
11a. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rockwell, William</u>		13b. MOTHER'S MAIDEN NAME <u>Kall, Emma</u>	
14. NAME OF HUSBAND OR WIFE <u>George J. Rockwell</u>		17. INFORMANT Address <u>9526 Midland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u> DUE TO (b) <u>Thrombophlebitis L. Leg.</u> DUE TO (c) <u>463x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> <u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>5/16/63</u> to <u>5/31/63</u> and last saw her ^{her} alive on <u>5/31/63</u> Death occurred at <u>1:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>		22b. ADDRESS <u>Firmin Desloge Hosp</u>	
22c. DATE SIGNED <u>5/31/63</u>		22d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6-3-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Witt Mortuary 6409 Gravois Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 31 1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DO NOT WRITE ON THIS STUB

AMENDED

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DATE AMENDED
6/18/63
6/18/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
Thrombophlebitis L. Leg
Gen. Arteriosclerosis

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT of attending physician

USE BLACK INK OR TYPEWRITER RIBBON

61

U.S.A.

St. Louis

retired-Thomas Barr

Missouri

George A. Rockwell 2528 Midland 468-10-037

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Yau M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

St. Louis, Mo. 63103
Missouri State Board of Health
St. Louis, Mo. 63103